



Texas Department of Motor Vehicles

FRANCHISED NEW MOTOR VEHICLE DEALER'S LICENSE APPLICATION

For assistance with this form, please see the Instruction Packet LP022 or call us at the number provided on the top of this page.

Application Contact: State the name of the person TxDMV may contact if there are any questions on this application:

Name:

Phone Number:

Email:

1. Business Name: _____
2. DBA/Assumed Name (as registered with the SOS or County): _____
3. Is the applicant a spouse of a person serving on active duty as a member of the armed forces of the United States AND does the applicant hold an equivalent and current license in another state? ☐ Yes ☐ No
4. EIN: _____
5. Physical Address: _____
City: _____ Zip: _____ County: _____
6. Previous Physical Address: _____
(relocations only)
City: _____ Zip: _____ County: _____
7. Mailing Address: _____
☐ Same as physical
☐ Mailing address is not in Texas City: _____ State: _____ Zip: _____ County: _____
8. Business Phone Number: _____ Business Fax Number: _____
9. Business Email: _____ Business Website: (optional) _____
10. License Contact Name: _____ Phone: _____ Email: _____
☐ Same as business name ☐ Same as business phone ☐ Same as business email
☐ Same as "Application Contact" ☐ Same as "Application Contact" ☐ Same as "Application Contact"
11. General Manager: _____ Dealer Principal: _____
12. Number of showrooms at physical address: _____

NOTE: A separate franchise license is required for each showroom used to exhibit, sell, or service new motor vehicles.

13. Current GDN (P Number) and Franchise License Number (if applicable): _____
14. GDNs being applied for (Check all that apply): ☐ Motor Vehicle ☐ Motorcycle ☐ Towable RV ☐ Trailer/Semitrailer
15. Fees:

Franchised New Motor Vehicle Dealer's License Fee if this is a **SALES AND SERVICE** facility:

\$350:

DA

Franchised New Motor Vehicle Service-Only License Fee if this is a **SERVICE-ONLY** facility, without a showroom:

\$200:

DA

General Distinguishing Number License Fee: (not required if application is for relocation within current city limits)

\$700 for EACH type indicated in Item 14, above:

GN

Metal Dealer License Plate (optional): _____ @ \$90 each:

DP

Please list the number of each plate type you are requesting:

GRAND TOTAL:

Motor Vehicle	Motorcycle	Towable RV	Trailer/Semitrailer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plate Limits: New Franchise Dealer 5; for more options see Instructions (LP022) page 10.

BUSINESS NAME: _____

16. This application is for (CHECK ALL THAT APPLY):

<input type="checkbox"/> Changing business entity (for example, corporation to partnership, corporation to LLC, etc.) List the license number(s) of the old entity: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Moving an existing dealership or showroom to a new location: (Be sure to list original and new addresses, including the county, on page 1, numbers 5 and 6, of this application.) If dealership is under construction, list expected date of completion (MM/DD/YY): <input style="width: 150px;" type="text"/> Is the contact information provided temporary or permanent? <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
<input type="checkbox"/> Replacement dealership: To qualify, all of the following requirements must be met: <div style="margin-left: 20px;"><input type="checkbox"/> a. You must identify the prior dealership being replaced in the space below (dealership name, license #, line-make(s), and address): <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div></div> <div style="margin-left: 20px;"><input type="checkbox"/> b. The manufacturer of the lines to be sold must have given notice to MVD and its other dealers in the area within 60 days following the closing of the prior dealership that it intends to replace the prior dealership (Attach copies of notification letters and of completed certified receipt cards.)</div> <div style="margin-left: 20px;"><input type="checkbox"/> c. The application is filed with MVD not later than one year following the closing of the prior dealership; and</div> <div style="margin-left: 20px;"><input type="checkbox"/> d. The location of your proposed dealership is <u>not</u> greater than two miles from the location of the prior dealership</div> <p>If any of these requirements are not met, this is not a replacement dealership and may be subject to protest. If dealership is under construction, list expected date of completion (MM/DD/YY): <input style="width: 150px;" type="text"/> Is the contact information provided temporary or permanent? <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent</p>
<input type="checkbox"/> Buying an existing dealership facility from another dealer: Name, GDN, franchise license number, and address of selling dealer, and all line-make(s) purchased: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> List expected buy/sell close date (MM/DD/YY): <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Relocating lines purchased from an existing dealership: Name, GDN, franchise license number, and address of selling dealer, and all line-make(s) purchased: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> If dealership is under construction, list expected date of completion (MM/DD/YY): <input style="width: 150px;" type="text"/> Is the contact information provided temporary or permanent? <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
<input type="checkbox"/> Establishing a new dealership where none previously existed (sales only, or sales and service) If dealership is under construction, list expected date of completion (MM/DD/YY): <input style="width: 150px;" type="text"/> Is the contact information provided temporary or permanent? <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
<input type="checkbox"/> Adding a new showroom to an existing dealership If dealership is under construction, list expected date of completion (MM/DD/YY): <input style="width: 150px;" type="text"/> Is the contact information provided temporary or permanent? <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
<input type="checkbox"/> Establishing a new service-only facility where no sales will take place (You must be licensed to sell the lines for which you provide warranty service.) If dealership is under construction, list expected date of completion (MM/DD/YY): <input style="width: 150px;" type="text"/> Is the contact information provided temporary or permanent? <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
<input type="checkbox"/> None of the above (explain below) <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>

BUSINESS NAME: _____

17. Manufacturers/distributors, line-makes, and types to be sold under franchise:

(attach additional sheets if necessary):

MANUFACTURER / DISTRIBUTOR	LINE-MAKE (BRAND) <i>NOTE: The line-make name and type code must be listed exactly as they appear on the manufacturer / distributor license.</i>	TYPE CODE	ACTION TYPE	LINE-MAKE ACTION
			<input type="checkbox"/> Sell & Service <input type="checkbox"/> Sell Only <input type="checkbox"/> Service Only	<input type="checkbox"/> New Point <input type="checkbox"/> Relocation <input type="checkbox"/> Purchase from another dealer
			<input type="checkbox"/> Sell & Service <input type="checkbox"/> Sell Only <input type="checkbox"/> Service Only	<input type="checkbox"/> New Point <input type="checkbox"/> Relocation <input type="checkbox"/> Purchase from another dealer
			<input type="checkbox"/> Sell & Service <input type="checkbox"/> Sell Only <input type="checkbox"/> Service Only	<input type="checkbox"/> New Point <input type="checkbox"/> Relocation <input type="checkbox"/> Purchase from another dealer
			<input type="checkbox"/> Sell & Service <input type="checkbox"/> Sell Only <input type="checkbox"/> Service Only	<input type="checkbox"/> New Point <input type="checkbox"/> Relocation <input type="checkbox"/> Purchase from another dealer
			<input type="checkbox"/> Sell & Service <input type="checkbox"/> Sell Only <input type="checkbox"/> Service Only	<input type="checkbox"/> New Point <input type="checkbox"/> Relocation <input type="checkbox"/> Purchase from another dealer
			<input type="checkbox"/> Sell & Service <input type="checkbox"/> Sell Only <input type="checkbox"/> Service Only	<input type="checkbox"/> New Point <input type="checkbox"/> Relocation <input type="checkbox"/> Purchase from another dealer
			<input type="checkbox"/> Sell & Service <input type="checkbox"/> Sell Only <input type="checkbox"/> Service Only	<input type="checkbox"/> New Point <input type="checkbox"/> Relocation <input type="checkbox"/> Purchase from another dealer
			<input type="checkbox"/> Sell & Service <input type="checkbox"/> Sell Only <input type="checkbox"/> Service Only	<input type="checkbox"/> New Point <input type="checkbox"/> Relocation <input type="checkbox"/> Purchase from another dealer

**Type
Codes:**

AA – Passenger Auto
LT – Light Truck
MT – Medium Truck
HT – Heavy Truck
MH – Motor Home
TR – Towable RV

AT – ATV
MC – Motorcycle
MS – Motor Scooter/Moped
NV – Neighborhood Vehicle
ROV – Recreational Off-
Highway Vehicle

AB – Ambulance
BS – Bus
FT – Fire Truck

AX – Axle
EN – Engine
TM – Transmission
OT – Other

18. List license numbers and location information of all other locations, if applicable :

- List all other locations where business will be conducted, including used car lots owned or operated by the same business entity.
- Specify the activity (new/used sales, service, etc.) that occurs at each location.
- For used car lots, submit all required documentation (DBA, address including county, phone, fax, and email) for each location. State the type of proof of occupancy that will be maintained for each used car lot.
- Provide a point of contact for each location (name, phone, fax, and email).
- Attach additional sheets if necessary.

19. Has the Motor Vehicle Division or the Vehicle Titles and Registration Division ever licensed applicant, any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) to act in any capacity in Texas? If so, give the name(s) and license number(s) in which license(s) was/were issued and last effective year on a separate sheet.

P _____ Name: _____

☐ Yes
☐ No

BUSINESS NAME: _____

20.	Has any license issued by the Motor Vehicle Division, the Vehicle Titles and Registration Division, or an agency of another state to the applicant, any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) ever been denied, revoked, or suspended? <u>If so, explain fully on a separate sheet.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Has the applicant or any partner, any LLC member or manager, or any director, officer, or owner (except for stockholders of publicly-traded companies) ever been found to have violated the Texas Occupations Code Chapter 2301 (formally Texas Motor Vehicle Commission Code) or Chapter 503 of the Transportation Code? <u>If so, explain fully on a separate sheet.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Does any motor vehicle manufacturer or distributor, or any person or entity who is owned, controlled by, or under common control with a motor vehicle manufacturer, own an interest in, operate, or control this dealership? <u>If so, explain fully on a separate sheet and reference any applicable exception found in the Texas Occupations Code Chapter 2301.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Does the applicant have an office area with desk, at least two chairs, internet access, and phone with a listed number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Does the applicant have a sign that is clearly visible to the public, permanently posted, with letters at least 6 inches high?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Does the applicant have appropriate business hours posted that meet all TxDMV licensing requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Does the applicant have adequate display space to display at least five vehicles of each vehicle type being applied for in question 14?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Does the applicant have a current lease or ownership document for the property and agrees to submit documentation, if requested by TxDMV, demonstrating the applicant owns or leases the property on which the business is situated that meets all TxDMV licensing requirements, including a term of two years? <i>(If leasing the property, the lease cannot expire before the license.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Does the applicant's proposed place of business comply with all applicable state and local government occupancy laws, ordinances and deed restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Has the applicant obtained all mandatory certificate(s) of occupancy or similar authority to operate a business at the proposed location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Is the applicant's proposed place of business located within a residence, apartment house, hotel, motel, or rooming house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Will all warranty service be performed at the same location as the established dealership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	If no to question 31, will there be a separate service-only location? If yes, list the address: <div></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Will there be a third-party contracted to perform warranty service? If yes, please provide the name and address of the business you have contracted with to perform warranty work: <div></div> NOTE: The entity contracted may not advertise to the public the performance of warranty repair services in any manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No

34. CERTIFICATION OF RESPONSIBILITY

The applicant or an authorized agent hereby certifies that statements made above and on attachments hereto and documents submitted herewith are true, complete, and correct. Applicant agrees to allow the Department to examine during working hours the ownership papers for each registered or unregistered vehicle in the applicant's possession or control. Applicant swears they are not at this time delinquent in any court-ordered obligation to pay child support. Applicant has complied with all applicable state laws and municipal ordinances.

Date

Printed Name

Title

Authorized Signature

Privacy Statement

The Texas Department of Motor Vehicles maintains the information collected through this form. With few exceptions, you are entitled upon request to be informed about the information that we collect about you. You may also review and correct the information collected. To make an open records request, contact (888) 368-4689 or MVD_Openrecords@TxDMV.gov.

BUSINESS NAME: _____

35. ATTACHMENTS TO THE APPLICATION:

Please label each attachment with the corresponding letter. Detailed instructions for the attachments can be found in the Information Packet, LP022. Missing or incomplete attachments will delay application processing.

- ☐ **A. OWNERSHIP INFORMATION** – Use pages 6-7 of the application or a separate copy of Form LF601. You may duplicate page 7, as needed.
- ☐ **B. PROOF OF IDENTITY** – Attach a photocopy of the current (not expired) driver license for at least one of the owner(s) of the dealership, the president of the dealership, or the managing partner of the dealership. (If a driver license is not available, you may substitute a valid passport, current US Armed Forces Identification Card, or state-issued ID card.)
- ☐ **C. ASSUMED NAME CERTIFICATES** – All applicants intending to operate under an assumed name must attach a copy of the assumed name certificate. **Corporations, LLCs, LPs, and LLPs** must obtain these certificates from the Texas Secretary of State (SOS).
Only **Sole Proprietors & General Partnerships** may provide a certificate or file-stamped copy showing you are registered with your county in which the dealership will be located.
- ☐ **D. CERTIFICATE OF INCORPORATION, ORGANIZATION, OR PARTNERSHIP** – Attach Certificate of Filing issued by the Texas Secretary of State for the formation of your business, showing that the entity has been approved. Please do not submit your filing documents.
Or
If your business was formed in another state, attach the Certificate of Authority issued by the Texas SOS showing that the entity has the right to conduct business in Texas.
- ☐ **E. SALES AND SERVICE AGREEMENT(S)** – If the parties have not yet entered into a franchise agreement, TxDMV will accept submission of *Evidence of Franchise, PART A* (Form LF131, page 1) and TxDMV may begin or continue application processing, including issuance of any required notification of opportunity or right to protest the proposed licensing action.
Once the parties enter into a franchise agreement, TxDMV will accept submission of one of three documents and TxDMV may issue the franchised dealer license:
 (1) the *Evidence of Franchise, PART B* (Form LF131)
 (2) the executed franchise agreement in its entirety; or
 (3) the executed franchise agreement excerpts required by 43 Tex. Admin. Code §215.110.
Form LF131 PARTs A&B **temporarily** meet the requirement of submission of the franchise agreement. Once licensed, the franchised dealer is required to submit to TxDMV a photocopy of the executed franchise agreement(s). The franchised dealer may submit the entire franchise agreement. Or, the franchised dealer may submit current dated copies of the pages of a sales and service agreement or franchise agreement that reflect:
 (1) The complete legal business name of the franchised dealer;
 (2) The complete legal business name of all parties to the franchise agreement(s);
 (3) Authorized signatures of all parties;
 (4) Authorized dealership location(s);
 (5) Each line-make of motor vehicle listed in the application; and
 (6) Vehicle type code(s) to be sold and/or serviced.
TXDMV WILL NOT ACCEPT A LETTER OF INTENT TO SATISFY ANY OF THE ABOVE REQUIREMENTS.
Or
EVIDENCE OF RELOCATION – If this application pertains to a relocation of an existing dealership, use the *Evidence of Relocation* (Form LF621) signed by a licensed manufacturer's or distributor's representative.
- ☐ **F. DETAILED MAP** – Attach a map pinpointing the new location(s).
For relocations, also pinpoint the original location and attach a separate sheet stating the straight-line (as the crow flies) distance the dealership is moving from the original/existing location.
THE PROTEST PROCESS WILL NOT BE STARTED UNTIL WE HAVE RECEIVED YOUR DETAILED MAP.
- ☐ **G. DEALER DEVELOPMENT STORES** – Attach documentation showing that the dealer development candidate meets the requirements of Occupations Code §2301.476 and 43 TAC §215.113. See application instructions or contact MVD for a copy of the requirements.
- ☐ **H. APPLICATION FOR eTAGS** – Complete and attach page 10 of this packet.
- ☐ **I. FEES:**
 1) Mail or fax this form, with all fees and attachments, to the appropriate address listed on page 11.
 2) A credit card payment form is included on page 12.
 3) If paying by credit card, you may fax the entire package (including the credit card form) to (512) 465-3599. If you choose to fax the package, do NOT also mail the package.

OWNERSHIP INFORMATIONAll applicants **MUST** answer these questions:

1.	Has any person listed on this form ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any officer, director, partner, trustee, manager, member, or other person acting in a representative capacity for the applicant or license holder ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	For each felony conviction (regardless whether previously reported to TxDMV), give full details of the felony on a separate sheet. Include the name of the person convicted, title or relationship to the applicant, crime, date, place of conviction, sentence received, etc.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
4.	If the felony conviction has not been previously reported to the TxDMV, attach copies of all final court judgments for those convictions.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

*Any felony conviction is a material change that must be reported to the TxDMV by the applicant or license holder.

TYPE OF BUSINESS (check only one box):

- ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership/LTD ☐ Other (Specify below) _____
☐ Limited Liability Company ☐ Corporation ☐ Limited Liability Partnership

SPECIFIC INSTRUCTIONS

- Complete as many information block sections as needed to show 100% total ownership. If you need more space, please reprint the next page.
- Only direct ownership of the business entity (applicant) applying for the license should be provided. If direct ownership is held by another business entity, do not list that business entity's ownership.
- In the "Name of Owner" field, list the name of each person and/or business that has an ownership interest in the business entity (applicant) applying for the license:
 - SOLE PROPRIETOR:** list the legal name and SSN of the owner (for example, John Doe, Jr.)
 - GENERAL PARTNERSHIP:** list the legal name and SSN of each owner (for example, John Doe Jr., Jane Doe)
 - ALL OTHERS:** list the full legal name of each person (and his/her SSN) or business entity that has ownership.
 - If the applicant is a publicly traded or nonprofit corporation, please mark the appropriate box in section one. Complete section one listing one officer/director in lieu of ownership information.

OWNERSHIP INFORMATION TOTALING 100% IS REQUIRED

1.

Name of Owner (Person or Business)	Title	% of Ownership
Date of Birth	Driver's License # and State	Expiration Date
SSN (if person)	OR	EIN (if business)
If this is a business, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

2.

Name of Owner (Person or Business)	Title	% of Ownership
Date of Birth	Driver's License # and State	Expiration Date
SSN (if person)	OR	EIN (if business)
If this is a business, is it nonprofit? <input type="checkbox"/> YES <input type="checkbox"/> NO If this is a business, is it PUBLICLY TRADED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

BUSINESS NAME: _____

Attachment A

OWNERSHIP INFORMATION, continued

3.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

4.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

5.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

6.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

7.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

8.

Name of Owner (Person or Business) _____ Title _____ % of Ownership _____

Date of Birth _____ Driver's License # and State _____ Expiration Date _____ SSN (if person) OR EIN (if business)

If this is a business, is it nonprofit? ☐ YES ☐ NO

If this is a business, is it PUBLICLY TRADED? ☐ YES ☐ NO

All persons listed must provide SSN.

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Evidence of Franchise, PART A:

Acknowledgement of Application for Franchised Dealer's License

_____ proposes to conduct business at
 Complete Legal Name of Dealer Applicant*
 _____, Texas
 _____, _____, _____
 Dealership Physical Address City Zip County

*Sole proprietors and general partners must list the first name and last name for individual(s). Business entities (such as Corporations, LLC, LTD, etc.) must list the complete business name, as filed with the Texas Secretary of State.

_____ acknowledges that the
 Complete Legal Name of Manufacturer or Distributor (Must be identical to the name that appears on the manufacturer's or distributor's license.)
 referenced dealer applicant is applying to the Texas Department of Motor Vehicles for a franchised dealer license for (check one):
☐ sales and service ☐ sales only ☐ service only of new motor vehicles of the following line-makes and types:

LINE-MAKE*	TYPE CODE

Type	AA – Passenger Auto	AT – ATV	AB – Ambulance	AX – Axle
Codes:	LT – Light Truck	MC – Motorcycle	BS – Bus	EN – Engine
	MT – Medium Truck	MS – Motor Scooter/Moped	FT – Fire Truck	TM – Transmission
	HT – Heavy Truck	NV – Neighborhood Vehicle		OT – Other
	MH – Motor Home	ROV – Recreational Off-		
	TR – Towable RV	Highway Vehicle		

*NOTE: The line-make name and type code must be listed exactly as they appear on the manufacturer's or distributor's license.

Submission of this page (Evidence of Franchise Form LF131 Part A) to the TxDMV by the manufacturer, distributor, or dealer applicant is for the limited purpose of allowing application processing to begin or continue, including but not limited to TxDMV's issuance of any required notification of opportunity or right to protest the proposed licensing action. Submission of Part A to the TxDMV does not establish the existence of a franchise agreement by or between the referenced applicant dealer and the referenced manufacturer or distributor. TxDMV will not issue a franchised dealer license until submission of a photocopy of any one of the following three items: (1) the Evidence of Franchise Form LF 131 Part B, or (2) the entire executed franchise agreement, or (3) the executed franchise agreement excerpts required by 43 Tex. Admin. Code §215.110.

 Date Signature of Authorized Representative of Manufacturer or Distributor Typed or Printed Name of Authorized Representative of Manufacturer or Distributor

Phone of Signatory: _____ email of Signatory: _____

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See Part B for submission details

BUSINESS NAME: _____

Evidence of Franchise, PART B: Acknowledgement of Application for Franchised Dealer's License

This form certifies that a franchise agreement has been executed by and between:

Complete Legal Name of Dealer Applicant (Sole proprietors and general partners must list the first name and last name for individual(s). Business entities (such as Corporations, LLC, LTD, etc.) must list the complete business name, as filed with the Texas Secretary of State.)

and _____
Complete Legal Name of Manufacturer or Distributor (Must be identical to the name that appears on the manufacturer's or distributor's license.)

for conducting the franchised dealership business described in Form LF131 Part A at:

_____, Texas
Dealership Physical Address City Zip County

Date Signature of Authorized Representative of Manufacturer or Distributor Typed or Printed Name of Authorized Representative of Manufacturer or Distributor

Phone of Signatory: _____ email of Signatory: _____

Submission to the TxDMV of a photocopy of any one of the following three items: (1) the Evidence of Franchise Form LF131 Part B, or (2) the entire executed franchise agreement, or (3) the executed franchise agreement excerpts required by 43 Tex. Admin. Code §215.110, represents to the agency that the manufacturer or distributor and the applicant dealer have entered into a franchise agreement, as stated in Occupations Code §2301.002(15) and (16) and 43 Tex. Admin. Code §215.110. Upon submission of the franchise agreement, the excerpts, or Form LF 131 Part B, the TxDMV may issue the franchised dealer license, effective immediately. Do not submit Form B if Form A has not been submitted previously or simultaneously.

If not previously provided, the applicant for the franchised dealer license must submit a photocopy of the pages of the franchise agreement(s) which reflect the parties to the agreement(s) and the authorized signatures of the parties to the agreement(s) for each line-make of motor vehicle listed in the application.

FORM SUBMISSION	THIS FORM MUST ACCOMPANY AN APPLICATION OR CONTAIN A WORK ITEM NUMBER
By Mail:	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755
By Courier:	Texas Department of Motor Vehicles Motor Vehicle Division 4000 Jackson Avenue Austin, TX 78731
By Fax:	(512) 465-3599
By email:	MVD_Franchise_Forms@TxDMV.gov
FOR ASSISTANCE with this form, please call toll free (888) 368-4689.	

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Application for New eTags Account

WHO SHOULD SUBMIT THIS FORMInclude this form with your new license application.

OR

If you have an application in process, complete this form to sign up for a NEW eTags account and provide your work item number.

Work Item or License Number

The eTag system is designed to make it easy for you to process dealer tags and provide retail purchasers with temporary registration tags throughout the state. **Texas law requires dealers to issue one temporary buyer's tag to a person who buys a vehicle.** The temporary tag is issued by the state, through a web-based program called eTag. In order to access and use the eTag system, you must have internet access.

To establish an eTags account, you must designate a system administrator who will be the contact between TxDMV and your dealership. The administrator will also be responsible for providing other employees with the rights and privileges to use the eTags functions. You may limit this authority to the system administrator or expand it to additional employees. You may also assign one person to be the system administrator for multiple dealer licenses.

Using the table below, identify the designated system administrator for your dealership and return this form to TxDMV. Upon approval of your license, your designated system administrator will receive an email with a User ID and a separate email with a password, both of which will be necessary to access the eTag database.

BUSINESS NAME: _____

CONTACT FIRST NAME: _____

CONTACT MIDDLE INITIAL: _____

CONTACT LAST NAME: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

FORM SUBMISSION	THIS FORM MUST ACCOMPANY AN APPLICATION OR CONTAIN A WORK ITEM NUMBER
	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755
	Via Fax: (512) 302-2328
	Via Email: MVD-scancenter@TxDMV.gov
	FOR ASSISTANCE with this form, please call toll free 1-888-368-4689.

Privacy Statement

The Texas Department of Motor Vehicles maintains the information collected through this form. With few exceptions, you are entitled upon request to be informed about the information that we collect about you. You may also review and correct the information collected. To make an open records request, contact 1-888-368-4689 or MVD_Openrecords@TxDMV.gov.

BUSINESS NAME: _____

PAYMENT AND MAILING INSTRUCTIONS

Payment can be made by Credit Card, Personal Check, Money Order, Cashier Check, or Wire Transfer.

Payment and Mailing Information:		
METHOD OF PAYMENT	INSTRUCTIONS	FORWARD TO:
Credit Card Amount must be between \$5 and \$2000 (A fee of \$1.00 will be added to each Credit Card Transaction)	Complete the "Payment By Credit Card" form included on the next page. Mail form and documents or fax form and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755
		Fax: (512) 465-3599
Check or Money Order (A fee of \$30 will be charged for returned checks)	Pay to: Texas Department of Motor Vehicles Mail check/money order and documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 13044 Austin, TX 78711-3044
Wire Transfer	Call or email to let us know to expect the wire. Fax or email your documents the same day you send the transfer. Call: (512) 465-7327 Fax: (512) 465-3599 Email: MVD_Licensing_Inquiries@TxDMV.gov	Financial Institution: <u>Comptroller, Austin, TX</u> Routing Number: <u>114900164</u> Account Name: <u>Comptroller of Public Accounts, Treasury Operations</u> Account No. to Credit: <u>463600001</u> Reference: <u>(i.e. - Remitter's name)</u> Attention: <u>608-Texas Department of Motor Vehicles, Motor Vehicle Division</u> <u>Chema Sanchez or Keith Parker</u>

Documents Only - No Payment Being Forwarded		
Item being submitted	INSTRUCTIONS	FORWARD TO:
Documents for the Motor Vehicle Division	Mail or fax documents	Texas Department of Motor Vehicles Motor Vehicle Division P. O. Box 26487 Austin, TX 78755
		Fax: (512) 465-3599
Request for an Open Record or Subpoena	Fax signed request	Administration (512) 465-3666 Consumer Affairs (512) 374-5499 Enforcement (512) 374-5496

Overnight mail to a post office box can only be delivered by the United States Postal Service.

BUSINESS NAME: _____

Form 2293: PAYMENT BY CREDIT CARD

This form is for credit card payment information only.

This form does not constitute a request for services.

TO: MOTOR VEHICLE DIVISION	<u>Check appropriate box:</u> <input type="checkbox"/> Civil Penalty <input type="checkbox"/> Open Records <input type="checkbox"/> Lemon Law Fee <input type="checkbox"/> Protest fee <input type="checkbox"/> Licensing Fee <input type="checkbox"/> Subpoena <input type="checkbox"/> Insufficient Funds Fee
ATTENTION: _____	
DATE: _____	
MVD FAX #: (512) 465-3599	

Comment: _____

Applicant Name: _____

Assumed Name: _____

Name on Credit Card: _____

Billing Street,
City, State, Zip: _____

Phone: _____

Fax: _____

Docket No. (if applicable) _____

License No. (if applicable) _____

Invoice Number: _____

MVD USE ONLY
ENTRY RECORD

Date _____

AC# _____

Amount _____

Agent _____

Credit Card Information:

Credit Card Type ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number _____

Expiration Date (month/year) / _____

\$ _____
Amount Approved (Add \$1 Fee) Signature _____

AMOUNT MUST BE BETWEEN \$5 and \$2000